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I. TITLE OF REPORT (if a fill-in report include Form No.)												2. TYPE	Х	STATISTICAL	
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3. FUNCTIONAL AREA		LOGISTICS				SECURITY				OTHER (	speci	fy)			
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7. FORMAT (memorandum, form												CTIVE AUTHORITY REQUIRING REPORT			
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10. PREPARING COMPONENT (include lowest level   11. FEEDER REPORTS (State total number and identify by Title, contributing information to report)   Form No., or nomenclature. Attach separate sheet if necessary.)															
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12. COST FACTORS															
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13. COMPLETE DET	AILED JI	JSTIF	IGAT	ION FOR	THIS RE	PORT	(in a	dditio	n to dir	ective	or au	thority c	ited	in item 9). IF KNOWN,	
INCLUDE DATE														••	

The report was first started in September 1968 following the establishment of a

Records Management Board by the DDS at the request of the Ex-Dir-Comptroller.